

Please use ink, print clearly and legibly in completing application



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT(DCSE)

800-468-8894 NATIONWIDE TOLL FREE

DCSE USE ONLY

DATE APPLICATION REQUESTED: _____
DATE APPLICATION MAILED: _____
DATE APPLICATION RECEIVED: _____
DCSE CASE # _____
TANF CAP CHILD: Yes _____ No _____

CHILD SUPPORT ENFORCEMENT SERVICES APPLICATION

APPLICANT: _____
(Last) (First) (Middle)
Address _____

Does the child (or do the children) reside with you? ☐ **Yes** (You are the "Custodial Parent" even if you are not the child's or children's "parent")

☐ **No** ("Noncustodial Parent").

Have you applied for, or do you currently receive support enforcement services from Virginia, another state, or a private company for any one or more of the children included on this Application?

Yes ☐ Name of Organization: _____
Your name as it appears on file with that organization: _____

No ☐

Are you and/or the child(ren) currently receiving Medicaid benefits? Yes ☐ No ☐

NOTE: If you and/or your child(ren) are receiving Medicaid benefits, federal law requires that your DCSE case remain open as long as the Medicaid benefits are active.

FEES

In accordance with Va. Code § 63.2-1904, the following fees may be applicable to you:

- An annual fee of \$25 for each case in which you have never received Temporary Assistance for Needy Families (TANF) and the Division of Child Support Enforcement has collected and disbursed at least \$500 of child support. (This fee will be deducted from future collections; no payment by you is required.)
- A fee of \$25 for reopening a case within 6 months of the date your case is closed. (This fee must be paid by cashier's check or money order payable to the Treasurer of Virginia and attached to this application.)

CASE CLOSURE

If you request to close your case, it may take up to ninety (90) days to fully process the request and finalize the closure of your case.

PAYMENTS

If it is determined that the noncustodial parent's earnings are insufficient to cover both the financial child support order and the cost of health care coverage, the financial support will be collected first and the cost of health care coverage may not be paid.

DCSE disburses child support payments by direct deposit into a checking or savings account or deposit onto a debit card issued by the Commonwealth of Virginia. Please select a payment option:

- ☐ Direct Deposit (You must complete the Direct Deposit application.)
☐ Virginia Debit Card

You are personally liable for any amounts you receive that were paid erroneously, and the erroneous payments may be repaid from future receipts. Indicate your permission for the Division to recoup a portion of future payments should this occur.

I AUTHORIZE DCSE TO RECOUP FROM FUTURE PAYMENTS ALL FUNDS PAID TO ME IN ERROR AFTER NOTICE OF SUCH ERROR HAS BEEN PROVIDED TO ME.

Signature

CUSTODIAL PARENT (The child(ren) live(s) with this party)

Name: _____ Relationship to child(ren) _____

Physical Address: _____
(Street & Number) (City) (State) (Zip)

Mailing Address: _____
(Street & Number or P.O. Box) (City) (State) (Zip)

Email address: _____ County/City of residence _____ Social Security Number: _____

Place of Birth: _____ Driver's license number: _____ State of Issue: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____

Occupation: _____ Employer: _____

Employer's Address: _____ Phone _____
(Street & Number) (City) (State) (Zip)

NONCUSTODIAL PARENT (The Child(ren) DOES(DO) NOT live with this party)

Name: _____ Relationship to child(ren) _____

Physical Address: _____
(Street & Number) (City) (State) (Zip)

Mailing Address: _____
(Street & Number or P.O. Box) (City) (State) (Zip)

Email address: _____ County/City of residence _____ Social Security Number: _____

Place of Birth: _____ Driver's license number: _____ State of Issue: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____

Occupation: _____ Employer _____

Employer's Address: _____ Phone _____
(Street & Number) (City) (State) (Zip)

Does the noncustodial parent have a business or professional license? **Yes** ☐ **No** ☐ Type: _____

Is the noncustodial parent a student? **Yes** ☐ **No** ☐ **Don't Know** ☐ Where? _____

I.D. Marks: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Type of Car: _____ Year: _____ License Plate Number _____ State: _____

Bank Name: _____ Type Of Account: ☐ **Checking** ☐ **Savings** ☐ **Other**

Is the noncustodial parent currently serving in the military?
Yes ☐ **No** ☐ **Don't Know** ☐

Branch: _____

Is the noncustodial parent currently incarcerated?
Yes ☐ **No** ☐ **Don't Know** ☐

Location: _____

Did the noncustodial parent ever serve in the military?
Yes ☐ **No** ☐ **Don't Know** ☐

From _____ To _____

Has the noncustodial parent ever been incarcerated?
Yes ☐ **No** ☐ **Don't Know** ☐

From _____ To _____

Noncustodial Parent's Father

Name: _____
Address: _____
Phone: _____

Noncustodial Parent's Mother

Name: _____
Address: _____
Phone: _____

SECTION 466 (a) (13) OF THE SOCIAL SECURITY ACT [42 USC § 666 (a) (13)] REQUIRES ALL INDIVIDUALS SUBJECT TO CHILD SUPPORT ORDERS TO PROVIDE THEIR SOCIAL SECURITY NUMBERS. THESE NUMBERS WILL BE KEPT IN THE CASE RECORDS AND WILL BE USED ONLY TO LOCATE INDIVIDUALS FOR PURPOSES OF ESTABLISHING PATERNITY AND ESTABLISHING, MODIFYING, AND ENFORCING SUPPORT OBLIGATIONS.

CHILD(REN) FOR WHOM SUPPORT IS PAYABLE**(#) additional sheets attached**

1. _____
(Last) (First) (Middle) (Race) (Sex)

(Social Security Number) (Date of Birth) (Place of Birth-City & State)

Were parents married to each other at time of child's birth? Yes ☐ No ☐

Date of Marriage: _____ Place: _____

Are the parents still married? Yes ☐ No ☐ If no, date of divorce: _____

If not married, was paternity established? Yes ☐ No ☐

How was paternity established? ☐ Court ☐ Genetic Test ☐ Other _____

Is there an existing support order for this child? Yes ☐ No ☐

If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

2. _____
(Last) (First) (Middle) (Race) (Sex)

(Social Security Number) (Date of Birth) (Place of Birth-City & State)

Were parents married to each other at time of child's birth? Yes ☐ No ☐

Date of Marriage: _____ Place: _____

Are the parents still married? Yes ☐ No ☐ If no, date of divorce: _____

If not married, was paternity established? Yes ☐ No ☐

How was paternity established? ☐ Court ☐ Genetic Test ☐ Other _____

Is there an existing support order for this child? Yes ☐ No ☐

If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

3. _____
(Last) (First) (Middle) (Race) (Sex)

(Social Security Number) (Date of Birth) (Place of Birth-City & State)

Were parents married to each other at time of child's birth? Yes ☐ No ☐

Date of Marriage: _____ Place: _____

Are the parents still married? Yes ☐ No ☐ If no, date of divorce: _____

If not married, was paternity established? Yes ☐ No ☐

How was paternity established? ☐ Court ☐ Genetic Test ☐ Other _____

Is there an existing support order for this child? Yes ☐ No ☐

If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

TO BE COMPLETED BY THE MOTHER

Please provide the information below about any man or men you have ever been married to, not just the father of this child.

In accordance with Va. Code §63.2-1913 DCSE has the authority to obtain any information necessary from a parent or putative father in the establishment of paternity.

Current Marital Status: Single _____ Married _____ Divorced _____

Name(s) of Spouse(s) _____

Date(s) of Marriage(s) _____

City/State(s) of Marriage _____

Date(s) of Divorce(s) _____

RELEASE OF PERSONAL INFORMATION:

DCSE will use your personal information to seek child support. Complete this section if there is a reason your information is not to be released to the other party on the case:

Yes ☐ **No** ☐ Has a protective order been entered preventing the release of your address?

Yes ☐ **No** ☐ Do you feel that you and/or the child(ren) is/are at risk of physical or emotional harm if your address or other identifying information is released?

DOCUMENTS:

Verification of certain information is required. All of the following that are applicable must be provided before your case can be fully processed.

N/A	Attached	To Be Provided	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate(s) for Dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Acknowledgment of Paternity for each child included on this application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of all Support Orders (Including Divorce Decrees and Custody Orders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photograph of Nonapplicant Parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Statement of Payments Received (One for each support order)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective Order preventing the release of personal information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of your 3 most recent pay stubs, or last year's W-2 form(s)

SPECIAL ASSISTANCE

Please indicate below how DCSE might need to provide special assistance to a party.

	Custodial Parent		Noncustodial Parent	
Hearing impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visually impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited English (enter first language)	<hr/>		<hr/>	
Other (explain)	<hr/>		<hr/>	

COMPLETE THIS SECTION ONLY IF YOU ARE A LEGAL PARENT OF THE CHILD(REN).

APPLICANT FINANCIAL INFORMATION

Your gross income from your job (before any deductions) Per Pay Period \$ _____

How often are you paid? ☐ Weekly ☐ Every Two Weeks ☐ Twice Monthly ☐ Monthly ☐ Other _____

Total income if not regularly employed \$ _____ Per _____ From(Source) _____

I currently pay spousal support to: _____ Amount \$ _____ Per _____

I currently receive spousal support from: _____ Amount \$ _____ Per _____

SUPPORT FOR OTHER CHILD(REN)

In addition to the child(ren) included on this Application, I also am legally responsible for financial support of the following children:

1. _____ Lives W/You? Yes ☐ No ☐ ** Relationship _____ DOB _____
(Child's Name)

2. _____ Lives W/You? Yes ☐ No ☐ ** Relationship _____ DOB _____

3. _____ Lives W/You? Yes ☐ No ☐ ** Relationship _____ DOB _____

4. _____ Lives W/You? Yes ☐ No ☐ ** Relationship _____ DOB _____

****For any child listed above who does not live with you, if you are legally responsible for support under a written agreement or an order, YOU MUST provide a copy of the written agreement or order AND provide proof of payment under that written agreement or order.**

DEPENDENT CARE EXPENSE

Do you currently pay work-related child care expenses for the child(ren) included on this Application? Yes ☐ No ☐

While the child(ren) is(are) in school, the amount is \$ _____ per _____

Child care provider: _____ Phone Number: _____

Address _____

While the child(ren) is(are) not in school, the amount is \$ _____ per _____

Child care Provider is: _____ Phone Number: _____

Address _____

MEDICAL SUPPORT

The child(ren) included on this Application are currently covered by

HEALTH INSURANCE

DENTAL INSURANCE

VISION INSURANCE

Employee Only (monthly \$) _____

Employee Plus One (monthly \$) _____

Family Coverage (monthly \$) _____

Number of children covered _____

Are you covered? Yes ☐ No ☐

Current spouse covered? Yes ☐ No ☐ N/A ☐

Insurance Company _____

Policy ID _____

Group Number _____

Effective Date _____

Policy Holder _____

Employer _____

WHEN A SUPPORT ORDER IS ENTERED OR MODIFIED, THE DIVISION MUST SEEK TO ENSURE THAT ONE PARENT IS ORDERED TO PROVIDE HEALTH INSURANCE FOR THE CHILD(REN).

YOUR RIGHTS AND RESPONSIBILITIES

An application for child support enforcement services will result in the Division of Child Support Enforcement (the Division) providing the following services as appropriate:

- Locating noncustodial parents.
- Establishing paternity.
- Establishing and modifying orders for support and health insurance coverage.
- Enforcing orders.
- Collecting and distributing child support (and spousal support if it is part of a child support order).
- Collecting and distributing medical support payments for a specific dollar amount ordered by a court.

The action or actions to be taken in each case will be determined by the Division based on the best interests of the child(ren) and without regard to which party has applied for services.

Legal assistance may be provided in establishing or enforcing a child support obligation. Any legal assistance provided by the Division's legal counsel will be provided to the Division of Child Support Enforcement and not to you personally. A final decision governing any legal action which may be taken in your case shall be made by the Division at its sole discretion. The Division shall advise you of actions it has decided to take. You have the right to secure the services of your own attorney to represent you personally at any time. You must notify the Division immediately:

- If you choose to retain the services of a private attorney.
- Of a change in your address.
- Of a change in the custody of your child(ren).

By signing the application, you authorize the DCSE Division of Child Support Enforcement to:

1. Explore, pursue, and utilize all sources of information available in support of its investigation. Your case will be prioritized on the information you provide (including, but not limited to, the noncustodial parent social security numbers, addresses, and employer information). The Division cannot guarantee the success of its efforts.
2. Seek, enforce and collect current or past due support from any party who has a legal duty to pay support. Enforcement tools include, but may not be limited to, income withholdings, liens on assets, orders to withhold and deliver, seizures and sales of assets, federal and state income tax refund intercepts, credit reporting agency notifications, and suspension of professional licenses and/or driver's licenses.
3. Endorse and cash checks, money orders, and other forms of payment which are payable to the applicant for support payments.

CERTIFICATION:

I hereby certify under penalty, as set forth in Va. Code § 63.2-502, that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief. I further agree to notify my district Child Support Enforcement office immediately of any changes in my residential or mailing address, telephone number, income, expenses or employment. I have either read this Application and all information contained in it, or I have had it read to me. I have received a copy of the Rights and Responsibilities above and I agree to meet all obligations and duties imposed upon me by submitting and signing this Application.

SIGNATURE: _____ DATE: _____



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT**

YOUR RIGHTS AND RESPONSIBILITIES AS AN APPLICANT FOR SERVICES

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- Establishing and modifying orders for support and health insurance coverage.
- Enforcing orders.
- Collecting and distributing child support (and spousal support if it is part of a child support order).
- Collecting and distributing medical support payments for a specific dollar amount ordered by a court.

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2. Seek, enforce and collect current or past due support from any party who has a legal duty to pay support. Enforcement tools include, but may not be limited to, income withholdings, liens on assets, orders to withhold and deliver, seizures and sales of assets, federal and state income tax refund intercepts, credit reporting agency notifications, and suspension of professional licenses, and/or driver's licenses.
3. Endorse and cash checks, money orders, and other forms of payment which are payable to the applicant for support payments.

COMMONWEALTH of VIRGINIA
DIVISION OF CHILD SUPPORT ENFORCEMENT DISTRICT OFFICES
(800 468-8894-Nationwide toll-free)

Abingdon District Office

190 Patton Street
Abingdon, VA 24210
Areas Served: Bland, Bristol, Buchanan, Dickenson, Giles, Lee,
Norton, Russell, Scott, Smyth, Tazewell, Washington, Wise

Arlington District Office

2900 South Quincy Street, Suite 320
Arlington, VA 22206
Areas Served: City of Alexandria, Arlington

Charlottesville District Office

2211 Hydraulic Rd., Suite 200
Charlottesville, VA 22901
Areas Served: Albemarle, Charlottesville, Culpeper, Fluvanna,
Goochland, Greene, Louisa, Madison, Orange, Rappahannock

Chesapeake District Office

814 Greenbrier Circle, Suite U
Chesapeake, VA 23320
Area Served: Chesapeake

Danville District Office

211 Nor Dan Drive
Suite 1080
Danville, VA 24540
Areas Served: Danville, Franklin County, Halifax, Henry, Lunenburg,
Martinsville, Mecklenburg, Patrick, Pittsylvania, South Boston

Eastern Shore Satellite Office

108 Market Street
Onancock, VA 23417
Areas Served: Accomack, Northampton

Fairfax District Office

Fairfax Executive Park
3953 Pender Drive
Fairfax, VA 22030
Areas Served: Fairfax City, Fairfax County, Falls Church
Alexandria

Fishersville District Office

Augusta Professional Park
57 Beam Lane, Suite 302
Fishersville, VA 22939
Areas Served: Augusta, Buena Vista, Harrisonburg, Highland,
Lexington, Page, Rockbridge, Rockingham, Shenandoah, Staunton,
Waynesboro

Fredericksburg District Office

2342 Plank Road
Fredericksburg, VA 22401
Areas Served: Caroline, Essex, Fredericksburg, King George,
Lancaster, Northumberland, Richmond County, Spotsylvania,
Stafford, Westmoreland

Hampton District Office

903 Enterprise Parkway, Suite 110
Hampton, VA 23666
Areas Served: York, Mathews, Hampton, Middlesex, Gloucester,
Poquoson

Henrico District Office

Forest Office Park
1610 Forest Ave, Suite 200
Richmond, VA 23229
Areas Served: Amelia, Chesterfield, Hanover, Henrico, and Powhatan

Lynchburg District Office

2127 Lakeside Drive
Lynchburg, VA 24501
Areas Served: Amherst, Appomattox, Bedford City and County,
Buckingham, Campbell, Charlotte, Cumberland, Lynchburg, Nelson,
Prince Edward

Manassas District Office

8551 Rixlew Lane
4th Floor
Manassas, Virginia 20109
Areas Served: Fauquier, Manassas, Manassas Park, Prince William

Newport News District Office

11751 Rock Landing Dr., Suite H4
Newport News, VA 23606
Areas Served: Charles City, James City, King & Queen, King William,
New Kent, Newport News, Williamsburg

Norfolk District Office

#7 Interstate Corp. Center
York Bldg., Suite 200
6340 Center Drive
Norfolk, VA 23502
Areas Served: Norfolk

Petersburg District Office

2623 Park Avenue
Petersburg, VA 23805
Areas Served: Brunswick, Colonial Heights, Dinwiddie, Greensville,
Emporia, Hopewell, Nottoway, Petersburg, Prince George, Surry,
Sussex

Portsmouth District Office

PortCentre Commerce Park
601 PortCentre Parkway
Portsmouth, VA 23704
Area Served: Portsmouth

Richmond District Office

2001 Maywill St., Suite 104
Richmond, VA 23230
Area Served: Richmond City

Roanoke District Office

3535 Franklin Road, S.W. - Suite H
Roanoke, VA 24014
Areas Served: Alleghany, Bath, Botetourt, Carroll, Christiansburg,
Clifton Forge, Covington, Craig, Floyd, Galax, Grayson, Montgomery,
Pulaski, Radford, Roanoke City, Roanoke County, Salem, Wythe

Suffolk District Office

2000 Hillpoint Boulevard North, Bldg. II
Suffolk, VA 23434
Areas Served: Franklin City, Isle of Wight, Southampton, Suffolk

Virginia Beach District Office

Pembroke Office Park
Pembroke 6, Suite 500
Virginia Beach, VA 23462
Area Served: Virginia Beach

Winchester District Office

24 Ricketts Drive
Winchester, VA 22601
Areas Served: Clarke, Frederick, Loudoun, Warren, Winchester